

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0; font-size: small;">(to be used for all correspondence after initial filing)</p>		Application Number	10/090,179
		Filing Date	March 4, 2002
		First Named Inventor	Lindsey, et al.
		Group Art Unit	2616
		Examiner Name	Rhonda L. Murphy
Total Number of Pages in this Submission (including this sheet)	14	Attorney Docket No.	2917.DHCL.PT

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> 5 th Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check for \$____ <input checked="" type="checkbox"/> Credit card authorization for \$ <u>60</u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input checked="" type="checkbox"/> Extension of Time Request <u>1</u> month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:	Remarks
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
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Typed or Printed Name <u>Paul C. Oestreich</u>			
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